MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
10 576498	
APPLICANT(S)	

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1" AMENDMENT		AFT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	-
							51			2.12.	DEI.	HID.	1
_							52						
-							53						
_				ļ			54						
				ļ			55						
	``					· · · · · ·	56						
		\vdash			,		57						
					<u> </u>		58						
		1					59						-
	<u></u>						60 61					<u> </u>	4
							62						-
							63						l
							64						ļ
							65						ł
	•						66			 		-:	ł
_]							67						t
_							68						ł
_			[I		69		,				t
		- 					70						t
_							71						t
		+				·	72						Ī
							73						
;							74						
		-					75						L
		}					76						L
							77						L
T							78 79						L
							80						_
							81						_
							82						-
\Box							83						-
							84						-
							85						
							86						_
\pm							87						_
\dashv							88						_
\dashv							89						
+							90						_
\dashv							91						_
\dashv							92						_
			 +				93		I				_
十		 }					94						
\dashv	+			 			95	 -	—				_
十					 -		96				 -		_
_							97 98						
1			 		 	 i	98	- -					_
_†							100						_
4	_						TOTAL		 -				
ᆚ	3	▼ [▼		▼	IND.	1	₩]	♣ [.	
	24	<u> </u>		<u> </u>		_	TOTAL		_		_		
_	10				7.	7	DEP.						4
1	<u>રૂ</u>					56.4	TOTAL CLAIMS		S. DEPARTA		4		d